UNIVERSITY OF CALIFORNIA, DAVIS

BERKELEY • DAVIS • IRVINE • LOS ANGELES • MERCED • RIVERSIDE • SAN DIEGO • SAN FRANCISCO



SANTA BARBARA · SANTA CRUZ

OFFICE OF THE DEAN SCHOOL OF MEDICINE

UC DAVIS HEALTH SYSTEM 4610 X STREET, SUITE 3101 SACRAMENTO, CALIFORNIA 95817

November 30, 2009

Lawrence E. Strickling, J.D.
Assistant Secretary for Communications and Information
Broadband Technology Opportunities Program
National Telecommunications and Information Administration
U.S. Department of Commerce
HCHB Room 4887
1401 Constitution Avenue, NW
Washington DC 20230

RE: Docket Number: 0907141137-91375-05

NTIA RIN: 0572-ZA01

Dear Mr. Strickling:

On behalf of the California Telehealth Network (CTN), I thank you for the opportunity to comment on issues relating to the implementation of the Broadband Initiatives Program (BIP) and Broadband Technology Opportunities Program (BTOP). The University of California (UC), with the UC Davis Health System serves as the lead technical and operational entity for the CTN.

The CTN was established in 2007 with a \$22.1 million grant from the Federal Communications Commission's Rural Health Care Pilot Program (RHCPP) and matching funds of \$3.6 million. CTN is a statewide dedicated health care broadband network, developed to ensure that California communities, especially rural communities, have access to a wide range of telemedicine and eHealth activities. CTN will provide the connectivity necessary to access high quality, collaborative health services, continuing education, research and peer networking.

The American Recovery and Reinvestment Act (ARRA) Broadband initiatives offer a tremendous opportunity to drive broadband expansion and utilization. We applaud the considerable work that has been done to facilitate economic development and to achieve the goal of expanded access to broadband services. We appreciate the emphasis on access for rural communities as well as the recognition of the importance of privacy and security. There are a number of opportunities to strengthen the framework, particularly as it relates to improving health care access and reducing health costs. We respectfully submit the following comments in response to the joint Request for Information issued by BIP and BTOP.

Funding Priorities and Objectives

NTIA/RUS approach tacitly equates making broadband infrastructure available with the longer-term strategic goal of increasing broadband adoption: "build it and they will come." Consequently, both programs are very "infrastructure only"-centric. Since the intended purpose of the programs is to

increase adoption (not simply put fiber in the ground), consideration might be given to increase targeted funding for the sustainable adoption programs, particularly in areas where broadband is currently available but where adoption rates are quite low. It is precisely these areas and these populations where a program like the CTN would be beneficial, but for which a good "fit" is not available under the current NTIA/RUS guidelines.

Establishing or expanding existing eHealth broadband networks would be one example for targeted funding. Establishing broadband healthcare networks would address numerous key governmental areas: healthcare, increase in patient care, education, financial cost effectiveness, crisis management/homeland security, and economic development/job creation. A targeted approach for Round 2 might focus on coordinated and collaborative partnership efforts. Targeted collaborative approaches would need to include long-term and stable partnerships, purpose and mission in-line with the BIP and BTOP goals, ties with other ARRA funded projects and an implementation plan that provides for the greatest impact possible. Priority could be given to those middle mile projects in which there are commitments from last mile service providers to use the middle mile network to serve end users in the community.

Specification of Service Areas

Neither BIP nor BTOP was configured to accommodate a project of statewide scope and scale. For example, requiring data by census blocks becomes an overburdening task at any scale larger than county-wide. In the case of CTN, the proposed funded service area comprised over 90,000 census blocks. Designation of "rural" or "urban" were to be based upon Year 2000 Census Bureau data by census block. Census block data can be difficult to locate and are not available in a format or organization immediately applicable to the NTIA/RUS requirements.

A methodology to consider for large service areas (such as the statewide application from the CTN), would be based on census tract information rather than the census block information. Rural service areas could then be identified using the Rural Urban Commuting Area (RUCA) tract-based classification scheme. RUCA utilizes the standard Bureau of Census Urbanized Area and Urban Cluster definitions in combination with work commuting information to characterize rural/urban status of all census tracts.

Consortium and Public Private Partnerships

Round 1 required applicants to identify government and other key partners, Recovery Act and other governmental collaborations and commitments of capital support. Requesting additional information from all these participants would not be the most efficient or effective mechanism for reflecting consortium participation. In addition to the letters of support from key partnerships required in Round 1, a matrix could be prepared that would clearly identify the partners, identify the role of the partnering agencies, identify the capacity of each agency's involvement and other factors relevant to partnership participation.

Relationship between BIP and BTOP

As noted above, a single application would be a good consideration for applicants applying to both BIP and BTOP. The proposal would identify the underserved pockets; NTIA would then identify those pocket areas that would qualify under RUS definitions for underserved. NTIA would coordinate the review with RUS, and based on the proposal budget submitted for the entire service area, RUS would identify the costs associated with the underserved areas to be funded through RUS funds.

Program Definitions

The rural remote concept was used to address the prohibitive costs associated with broadband deployment in communities small in size and distant from urban centers. A "remote area" was defined in the NOFA as an unserved, rural area 50 miles from the limits of a non-rural area. Because California is (compared to most states) more built out in terms of broadband, we recommend removing this concept as a factor in determining award decisions. Additionally, NTIA and RUS might consider unifying all requirements for defining unserved, underserved and rural.

Streamlining the Applications

Consideration might be given to utilize a single application for applicants applying to both BIP and BTOP. By combining the application, respondents could present a comprehensive plan for the entire service area (BIP and BTOP), rather than separating them out and addressing each program individually. For a geographically large and diverse service area, such as California, the "rural" and "urban" cataloging required in Round 1, resulted in a series of urban "islands" within a sea of "rural" areas. Combining the application would link the projects into a more cohesive whole.

In addition to combining the BIP and BTOP Infrastructure applications into one application, there would be benefit to linking the infrastructure application with the sustainable adoption (and public computer center) proposals through the application process. For these integrated projects, one application that encompasses the proposed infrastructure (BIP and BTOP) and the proposed sustainable adoption (or public computer center) should be an option. A single application would provide an opportunity to more closely illustrate the linkage and connecting factors that exist between the projects. The larger goals of the projects (e.g., an eHealth network) could be cohesively tied to the goals of the individual projects (infrastructure, sustainable adoption and/or public computer centers), and the tie between the individual projects could be more clearly identified and illustrated. The repetition that results from submitting the applications separately would be decreased, providing space in the narrative to focus on the connection and inter-relationship between the projects. The budget for the integrated project could be built so that funds for each of the components (infrastructure and/or sustainable adoption, public computer center) would be clearly identified.

Outreach and Support

Although helpdesk response times were delayed and server capacity was initially problematic, the increased server capacity, and the extended application deadline helped to alleviate some of the associated difficulties.

One suggestion, from the West Coast perspective, would be to have the informational sessions available at the same time (e.g. East Coast/West Coast on the same date). Participants in the western states would then have access to the informational and technical assistance and would not be disadvantaged due to the session schedule (West Coast sessions where held two weeks later than the East Coast sessions).

Other

The funds made available through the BIP and BTOP Infrastructure grants can only be spent on building new infrastructure. No funding is available to support operational expenses that are directly attributable to infrastructure. For linked projects, such as the CTN, operational costs for the infrastructure build-out are directly related to the operational costs associated with the services offered through the sustainable adoption. If infrastructure and sustainable adoption proposals are considered

separately, some operational/administrative costs should be allowable under the BIP and BTOP Infrastructure grants.

Thank you for the opportunity to comment on the issues relating to the implementation of the BIP and BTOP. We look forward to working with you to maximize the benefits of the ARRA broadband expansion funding. If you have any questions about these comments and recommendations, please do not hesitate to contact me at (916) 734-1322 or thomas.nesbitt@ucdmc.ucdavis.edu, or the CTN Assistant Director, David Harry, at (916) 734-5675 or david.harry@ucdmc.ucdavis.edu.

Sincerely,

Thomas S. Nesbitt, MD, MPH

Associate Vice-Chancellor for Strategic Technology & Alliances

School of Medicine

UC Davis Health System

Co-Project Director

California Telehealth Network